

# EXHIBIT B

Cause No. 1:22-cv-559

<b>BASTROP COUNTY SHERIFF'S OFFICE</b>	<b>JAIL DIVISION</b>
<b>HEALTH SERVICES PLAN</b>	<b>TCJS CHAPTER 273</b>

This plan is established pursuant to the requirements mandated by the Texas Commission on Jail Standards, Chapter 273 which governs health, medical, mental and dental care services for inmates on a twenty-four (24) hour basis while confined in the Bastrop County Jail.

**I. ROUTINE HEALTH SERVICES**

Routine healthcare services (sick calls) are scheduled on a regular basis. Inmates may request medical, mental or dental services on a daily basis by submitting an electronic request utilizing the video visitation terminal located in each housing unit. The request for health care services will be addressed and managed by the medical staff.

**II. EMERGENCY HEALTH SERVICES**

Emergency medical care is available 24 hours a day. If an emergency beyond the capabilities of the medical staff or facilities of this jail arises, the inmate will be transported immediately to the nearest facility that has the capabilities to handle the emergency. The mode of transportation will be determined by the medical staff or shift supervisor on duty.

**III. MENTAL HEALTH CARE**

Mental health care is coordinated with the local MHMR office by the medical staff of the Bastrop County Jail. Immediately upon intake, inmates who answer yes to questions concerning any mental or emotional conditions, exhibits strange behavior, or those whom the arresting/transporting officer indicated are exhibiting signs of mental or emotional disorder will be immediately referred to the medical staff. Medical staff will review the inmate's present emotional state and any mental history and determine whether referral to MHMR is warranted. After intake, inmates who are reported or observed by any member of the staff displaying abnormal behavior will be referred initially to our medical staff that will coordinate further evaluation through MHMR as deemed necessary.

**IV. DISABLED INMATES**

Inmates with disabilities will be evaluated by the medical staff to ensure adequate care and accommodations are provided.

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V. LONG TERM AND CONVALESCENT CARE

The county contracted Jail physician will provide an assessment of the needs of the inmate. Any inmate who has a condition requiring long term medical or convalescent care will be identified to the Jail Administrator immediately for coordination and transfer to an appropriate facility.

VI. CONTROL OF MEDICATION

- A. Only medical staff is authorized to dispense prescription medications. All medications shall be distributed in accordance with written instructions from the physician or medical supervisor. Records will be maintained on all prescription medications, syringes, needles, and other medical accessories to include a current inventory and the name of the person dispensing the drugs and medications.
- B. All prescriptions and over-the-counter medications, syringes, needles and other medical accessories prescribed by a medical doctor or dentist will be secured in a locked cabinet, inaccessible to inmates. No inmate shall be permitted access to the medical and pharmaceutical inventory storage area.
- C. Prescription drugs or over-the-counter medications in the possession of an inmate on admission, will be confiscated, stored and marked with the inmate's name. The medical staff will verify and confirm the necessity for the medication.
- D. All medications will be dispensed by medical staff as approved by the physician. The inmate will be observed to assure the medication is swallowed. If there is any reason to believe the inmate is not swallowing the medication, it will subsequently be dispensed in crushed form. This will be recorded in the inmate's medical record. Should an inmate refuse to take medication, the refusal will be annotated in the inmate's medical record, and medical staff notified.
- E. All surplus prescriptions, over-the-counter medications, syringes, needles and hazardous waste are disposed of properly.

VII. The right to body integrity of inmates shall be preserved. The inmate must consent to medical or surgical examinations or treatment unless the inmate is incompetent. Refusal to accept treatment will be documented in the inmate's medical file.

VIII. All examinations, treatment, and other procedures are to be performed in a reasonable and dignified manner and place.

IX. Adequate first aid equipment and patient evacuation equipment shall be on hand at all times.

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X. MEDICAL RECORDS

- A. A Medical Records form will be completed on each inmate admitted into the facility and forwarded to Medical Staff. Medical personnel will maintain a medical file on each inmate which is kept in the Medical Department, separate from all other inmate records. The health screening documentation will include (but not limited to) the following information:
1. Health History;
  2. Current illnesses (prescriptions, special diets, and therapy);
  3. Known pregnancy;
  4. Current medical, mental and dental care and treatment;
  5. Behavioral observation, including state of consciousness and mental status;
  6. Inventory of body deformities, ease of movement, markings, condition of body orifices, and presence of lice and vermin.
- B. Medical records are confidential and will be accessible only to authorized personnel.

XI. PREGNANT INMATES

- A. Medical Services:  
Female inmates will be interviewed and assessed during the booking process to identify possible pregnancy; inmates may be tested to confirm the pregnancy. Pregnant inmates will be referred to a doctor. Prenatal care and checkups will be conducted as directed by a doctor. Pregnant inmates will also have access to regular sick call by submitting a request.
- B. Mental Health:  
Known pregnant inmates may request mental health services by submitting a request for services. A magistrate will be notified in writing or by electronic notice within 72 hours if a pregnant inmate is suspected to have mental illness or mental retardation.
- C. Nutritional Requirements:  
Pregnant inmates will be provided an adequate diet as outlined in a menu approved by a licensed dietician or as specifically directed by doctor's orders.
- D. Special Housing:  
Pregnant inmates will be housed according to their classification custody level. Inmates with special needs will be referred to a doctor for evaluation. Pregnant inmates may be housed in medical separation if recommended by doctor's orders.

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E. Work Assignments:

Pregnant inmates shall be afforded the same privileges as other inmates, including the opportunity to participate in work assignments or programs. Pregnant inmate work assignments will be determined with regard to term of pregnancy, current physical condition, and medical evaluation. Under no circumstances will work assignments for pregnant inmates involve activity that would cause physical harm or injury.

F. Restraints:

Documentation of the use of restraints on known pregnant inmates during labor, delivery and recovery shall include, but not limited to, the following; the events leading up to the need for restraints, the time the restraints were applied, the justification for their use, observations of the inmate's behavior and condition, and the time restraints were removed.

Bustrogo County

HEALTH SERVICES PLAN ADDENDUM  
CONTINUITY OF PRESCRIPTION MEDICATION

The following addendum to the Bustrogo County Health Services Plan is effective January 1, 2018:

A qualified medical professional shall review as soon as possible any prescription medications an inmate is taking when the inmate is taken into custody. In this context, qualified medical professionals include but are not limited to physicians, Registered Nurses (RN), and Licensed Vocational Nurses (LVN) performing their duties within the scope of their license. For this purpose, pharmacists and Emergency Medical Technicians (EMT) are not qualified medical professionals.

Maureen C. Cook  
Sheriff's signature

1-8-18  
Date

Lisa Miller, Captain  
Jail Administrator's signature

1-8-18  
Date



## BLUEBONNET TRAILS COMMUNITY SERVICES

### Mental Health Jail Based Services Memorandum of Understanding

This Memorandum of Understanding for the provision of certain psychiatric services to inmates in the Bastrop County Jail is made and entered into, by Bastrop County, Texas (County) and BLUEBONNET TRAILS COMMUNITY SERVICES (BTCS) which are political subdivisions of the State of Texas.

*BTCS and County hereby enter into the following agreement pursuant to authority contained in Sections 533.034 and 533.037 of the Texas Health and Safety Code.*

- I. BTCS agrees to provide psychiatric services at the Bastrop County Jail by a licensed psychiatrist for up to four (4) hours of work per week at \$100 per hour. Services include the provision of psychiatric evaluations and pharmacological reviews. Malpractice insurance for the psychiatrists will be the responsibility of BTCS. BTCS agrees to provide mental health crisis screening services to inmates who are presenting as having a psychiatric emergency and who are in need of immediate evaluation. To initiate this service, jail staff may contact the Bluebonnet Trails Community Services Crisis Hotline (1-800-841-1255) 24 hours a day to request a screening from a Qualified Mental Health Professional (QMHP). This service may be provided face-to-face or via televideo. Assessments are provided within one, eight or 24-hours based on triage by a QMHP. If the situation is determined not to be a crisis, BTCS may recommend follow-up the next business day with a Jail Diversion staff member. Inmates who receive an emergency screening but are not referred for psychiatric hospitalization may be referred for follow-up by a psychiatrist.
- II. Payment for psychiatric medications prescribed to the inmates at the Bastrop County Jail is not the responsibility of BTCS.
- III. A monthly submission of hours worked will be sent monthly for proper invoicing.
- IV. In addition to mental health crisis screening services, BTCS will provide written reports with information about defendants suspected of having a mental illness or intellectual disability. These reports are based on screenings prompted by either a 16.22 Order, or a positive match during a Continuity of Care Query (CCQ) in the State Database.
- V. If a judge writes a 16.22 Order requiring BTCS to conduct an interview and collect information for a mandatory assessment, the county shall reimburse BTCS at \$30 per assessment.
- VI. This Agreement is to begin March 1, 2020 and shall terminate September 30, 2021. This Agreement may be terminated by either party with a 60-day written notice to the corresponding party. In the event Bluebonnet Trails and Bastrop County are still negotiating, preparing, and/or reviewing the services or provider for renewal on the termination date, this agreement shall automatically extend for ninety (90) days.

Bastrop County

County Judge

Date

2/24/2020

Bluebonnet Trails Community Services

Andrea Richardson, Executive Director

Date

2/24/2020

**Health Service Plan Addendum  
Inmate Health/Mental Health Access**

The following addendum to the Bastrop County Health Service Plan is effective September 1, 2020:

***Check each one that is applicable and that will be added to your Health Services Plan.***

- ☐ Inmates will have the ability to access a medical health professional at the jail 24 hours a day.
- ☒ Inmates will have the ability to access a mental health professional at the jail 24 hours a day.
- ☐ Inmates will have the ability to access a medical health professional via tele-health services 24 hours a day.
- ☒ Inmates will have the ability to access a mental health professional via tele-health services 24 hours a day.
- ☐ Inmates will be transported to access a qualified medical or mental health professional within a reasonable amount of time.

Marcus C. Cook  
Sheriff's signature

8-24-20  
Date

Lisa Miller, Captain  
Jail Administrator's signature

8-24-20  
Date



**MEDICAL TREATMENT PROTOCOL  
BASTROP COUNTY JAIL**

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# CARDIOVASCULAR

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## **Chest Pain**

Have inmate describe signs/symptoms. Evaluate signs/symptoms. Get history of cardiac problems. Note onset, characteristic of pain. Palpate the chest wall if inmate indicates pain in a certain area. Note any increase in pain with deep inspiration. Have inmate rate pain on a scale of 1 – 10 with 10 being the most pain he/she has ever experienced.

**Observe the following (Do not ask the questions outright):**

- Midsternal, radiating left arm, left shoulder, jaw pain
  - Nausea/Vomiting
  - Diaphoresis (Sweating)
  - Impending sense of doom, frightened look, anxious and pale
- If inmate has cardiac chest pain, do vital signs, administer oxygen 2 L per minute via nasal cannula, and do an EKG. Contact Medical Supervisor while EKG in progress. May need to transport to ER via EMS if signs/symptoms warrant. Have inmate chew one (1) 325mg aspirin and as long as DBP >50, give 0.4 mg nitroglycerine sublingual every 4 min X 3.
  - Check blood pressure every three minutes while administering nitroglycerine.

## **Anaphylactic Shock**

- **Benadryl 50 mg PO**
- **Oxygen via facemask at 10-15 L for breathing difficulty**
- **Epinephrine 0.5 mg SQ**
- **Transport to ER via EMS immediately. Notify Medical Supervisor.**

## **Elevated Blood Pressure**

- Be sure to use appropriate-sized cuff. If arm circumference is borderline with the small cuff, use large cuff and document in chart.
- If systolic is greater than 160 mm/Hg or diastolic is greater than 100 mm/Hg, recheck BP **manually** using appropriate-sized cuff, then administer Clonidine 0.1 mg if still > 160/100.
- Assess BP after 2 hours: if still > 160/100 then repeat Clonidine .01 mg.
- \*\*\* If allergic to Clonidine, substitute Labetalol 100mg PO x 1, and recheck BP in 4 hours, if still elevated (>160/100) then continue with protocol below:
- BP check x 3 days. If BP continues to be elevated above 160/100 during the 3-day period and no history of HTN, give Clonidine per protocol, and start Verapamil 120 mg BID from stock and place on Dr. call.
- BP check once a week for inmates on HTN meds.
- If inmate reports HTN but can't remember name of meds, do BP x 3 days and if BP continues to be elevated above 160/100 during the 3-day period, give Clonidine per protocol, and send ROI to pharmacy to verify meds.
- Note: If I/M has old chart (paper or EMR) and was on other BP meds with good control previously, please document pertinent information in EMR and refer to physician.

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**Low Blood Pressure**

- Repeat BP measurement **manually** for BP < 90/60, and check pulse.
- Have inmates lie down with legs elevated if BP < 90/60, and notify Medical Supervisor if inmate appears dizzy, pale, shaky, or diaphoretic with elevated HR.

**Inmates on Coumadin or Digoxin**

- Start medication after verification and get medical records.

**MEDICAL TREATMENT PROTOCOL  
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# **DIGESTIVE/GASTROINTESTINAL**

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## **Cold Sores/Fever Blisters**

- Visual verification and documentation by Medical Officer necessary
- Acyclovir (Zovirax) 400 mg TID x 5 days.

## **Mouth Ulcers**

- 1 Silver Nitrate application.
- If symptoms persist, may have H<sub>2</sub>O<sub>2</sub> (hydrogen peroxide) mouth gargle 15 cc mixed with some water BID X 10 days.
- May have salt water gargle BID X 10 days if H<sub>2</sub>O<sub>2</sub> is not effective.

## **Indigestion/Heartburn**

- Inmate to purchase Tums from commissary x 14 days.
- If not responding to Tums x 14 days, start Pepcid 20 mg BID x 30 days
- If continued complaints on Pepcid, inmate may then request Omeprazole or Prilosec on the kiosk.
- If Omeprazole 20 mg started by MD and dispensed from stock, then may KOP. Instruct inmate to take Omeprazole 30 min before breakfast.

## **Nausea/Vomiting**

- If persists longer than 4 hours, and emesis noted and charted by Medical Officer, Then start:
- Phenergan 25 mg PO TID prn x 3 days. If unable to tolerate PO fluids, give Phenergan 25mg IM one time dose after obtaining supervisor approval.
- Small sips of Gatorade Q 3-5 min. x 2 hours. If tolerated, then increase to 1 oz. Q 5-10 min.
- If symptoms continue, and signs and symptoms of dehydration (Dry mucous membranes, tenting of skin, sunken eyeballs, dizziness when standing up, decreased urination, difference in BP sitting/standing by 20 mm/Hg) are present, notify Medical Supervisor.

## **Constipation**

- If no BM x 2-3 days – instruct inmate to increase oral fluids and exercise. Give inmate mixture of crushed Bisacodyl x 2 and 1 oz (30 cc) of Milk of Magnesia (mixed well) to take PO. If inmate continues to request MOM cocktail, then start Docusate (stool softener) 100 mg 2 tabs QD and Bisacodyl 2 tabs TIW.
- OK to start Docusate and Bisacodyl if inmate put in medical request for constipation relief.
- Refer to physician if above protocol exhausted.



**MEDICAL TREATMENT PROTOCOL  
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**Hemorrhoids**

- If constipated, start constipation protocol – purchase from commissary.
- Preparation H cream BID and/or after each BM x 7 days - purchase from commissary.

**Diarrhea (> 4-6 watery stools/day and after 24 hours of Sx)**

- Imodium 2 mg 1 - 2 tabs TID prn x 2 days – purchase from commissary.
- Clear liquids x 24 hours.
- No milk x 7 days.
- If persists > 3 days, place inmate on doctor call.

**Bloody Emesis or Blood in Stool**

- Must be visually verified by Medical Officer and/or guaiac material
- If inmate refuses to show stool to Medical Officer, no treatment will be given

**Dental Pain:**

- Mild pain- start Tylenol ES 500 mg 2 PO BID x 30 days.
- Moderate pain- start Motrin 600 mg PO BID x 30 days, or until seen by dentist.
- Orajel 1 pkg TID pre-dental prn – purchase from commissary.
- May increase to Motrin 800 mg if 600 mg not effective and symptoms worse . And may give Motrin 800 mg TID after BID proven not effective for pain control after several days.

**Dental infection**

**Refer to dental protocol for additional information**

- If mild infection, give Amoxil 500 mg, then 1 PO BID x 10 days.
- If severe infection with edema, give Amoxil 1000 mg PO BID x 10 days.
- If PCN allergy is anaphylactoid type with throat swelling & shortness of breath, Clindamycin 300mg 1 PO TID x 10 days.
- If PCN allergy is just rash without throat swelling and shortness of breath, Keflex 500mg 2 stat, then 1 PO TID x 10 days.
- If gum (periodontal) infection, Doxycycline 100 mg 1 PO BID x 10 days.
- If continued infection, place on doctor call.

**Bleeding Gums**

- Inmate to purchase mouth wash from commissary.
- If mouth wash does not work, start Chlorhexidine oral rinse 15 cc BID x 14 days.
- If bleeding continues after using Chlorhexidine, start Doxycycline 100 mg BID x 30 days.



**MEDICAL TREATMENT PROTOCOL  
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# Drug /Alcohol Withdrawal

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For inmates reporting drug/alcohol use, document drug of choice and do urine drug screen (UDS) and full set of vital signs at 95 Intake or at Medical housing. If unable to do UDS, push fluid until drug screen obtained. If inmates complain of withdrawal, Medical Officers must visualize and document emesis/diarrhea/diaphoresis before starting withdrawal protocols. If Medical Officers suspect drug/alcohol use, may do UDS at their discretion. **If inmates appear tachycardic, diaphoretic, agitated, unable to walk without assistance, and/or incoherent, notify Medical Supervisor and may need to transport to ER.**

## Alcohol Withdrawal

**If tremor, sweating, or hallucination - notify Medical Supervisor. Inmate may need transport to ER.**

- Clonidine 0.1 mg up to TID (if BP > 160/100), notify physician if BP continues to be elevated even with Clonidine.
- Librium 25 mg BID x 5 days.
- Thiamine 50 mg QD x 30 days.
- Multivitamin QD x 30 days.
- **DO NOT** treat elevated BP if inmate is intoxicated, unless inmate has dx of HTN.
- Push oral fluids. May give Gatorade 1 pkg QD x 3 days.

## Benzodiazepine Withdrawal

- Obtain information on name of meds, dosage and duration
- Obtain UDS and document signs and symptoms of withdrawal
- Librium 25 mg PO BID x 5 days.

## Cocaine, Amphetamine, Heroin, and other Opiate Withdrawal

**6-24 hrs after last use:**

- Clonidine 0.1 mg TID for W/D Sx x 5 days
- Phenergan 25 mg PO TID prn x 5 days
- Imodium 2 mg 2 at onset of diarrhea, then 2 mg TID prn for up to 5 days.
- Push oral fluids. May give Gatorade 1 pkg QD x 3 days.

## Methadone Withdrawal

**About 5 days after last dose of methadone**

- Clonidine 0.1 mg TID for W/D Sx x 5 days
- If stomach pain, Dicyclomine 10 mg BID x 5 days.

**MEDICAL TREATMENT PROTOCOL  
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**Overdose/Suicide Attempt**

- Try to obtain information as to what medication was taken, how much and when.
- Consult Poison Control (1-800-222-1222).
- Follow directions given by Poison Control.
- Send to ER if needed, or place in isolation after filling out a suicide assessment if meds not ingested.
- Emergent MHMR evaluation.
- If inmate found unresponsive, call for help and start CPR after arriving on the scene and continue CPR until EMS arrives to take over.

**MEDICAL TREATMENT PROTOCOL  
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# ENDOCRINE

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## **Diabetes**

- Random blood sugar on arrival and continue PO meds after verifying dosages.
- Notify kitchen to place inmate on no concentrated sugar diet.
- If on oral meds, do FBS every week and PRN if inmate reports hypoglycemic symptoms.
- If on insulin, and came from home, do pre-meal BS TID and BS QHS.
- If on insulin and came from another facility, start insulin regimen per transfer sheet, and obtain BS AC/HS
- If not on insulin or oral meds, but initial BS > 200, then Acucheck QID and cover with sliding scale below.
- No routine HS snack. All snacks must be ordered by physician for low BS and are given at night only unless otherwise directed.
- Place on Dr. call after obtaining BS readings x 3 days.
- Document in Odyssey in Notes section so that Commissary is aware that Medical must approve diabetic inmate food item purchases.

**Inmate must get up and take medication – Call the inmate to the food port if necessary.**

## **Hypoglycemia signs/symptoms**

- If RBS < 60 mg/dl, do not give snack if there are no signs/symptoms of hypoglycemia (i.e., trembling, cold, clammy, confusion).
- If inmate has any hypoglycemic symptoms, then give instant glucose or unsweetened orange juice with sugar and peanut butter/crackers unless very close to meal time, in which case just give food.
- Give long-acting insulin regardless of BS.
- Re-check blood sugar 1 hour after food or juice.

## **Elevated Blood Sugar: Sliding scale for regular insulin, i.e. Humulin R or Humalog or Novolog**

- < 150 -- 0 units regular insulin SQ
- 151-200 -- 2 units regular insulin SQ
- 201-250 -- 4 units regular insulin SQ
- 251-300 -- 6 units regular insulin SQ
- 301-350 -- 8 units regular insulin SQ – recheck BS in 2 hours
- 351-400 -- 10 units regular insulin SQ – recheck BS in 2 hours
- > 401 -- 12 units regular insulin SQ and recheck BS 2 hours after administration of regular insulin. If not lowered, call Physician.

## **Drunk Diabetics**

- Do Accucheck QID and sliding scale with regular insulin until sober or until seen on doctor call.

**Humulin R and Novolin R are interchangeable. The same goes for Humalog and Novolog.**

***NOTE: Only insulin-dependant diabetics need a bottom bunk.***

**MEDICAL TREATMENT PROTOCOL  
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## **EYES AND EARS**

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### **Pepper Spray to Eyes**

Rinse with water for 15 minutes.

### **Chemicals to Eyes:**

Rinse with water for 15 minutes. Depending upon chemical, consider transport to ER.

### **Foreign Body to Eyes**

**If foreign body is not penetrating, irrigate with water/normal saline.**

- If blood or vitreous humor noted, transport to ER and notify Medical Supervisor.
- If FB penetrating, do not attempt to remove! Stabilize object if able, patch both eyes, and transport to ER. Notify Medical Supervisor.

### **Eye Pain**

- Medical Officer must do a visual inspection of eye
- If eye feels scratchy, as if there is sand in the eye, do eye wash first, then start Artificial Tears 1-2 gtts in affected eye TID prn – purchase from commissary. Notify Medical Supervisor immediately if eyeball pain.
- If inmate complains of photophobia or halo vision as well as eye pain –send to ER and notify Medical Supervisor.

### **Stye**

- Visual confirmation by Medical Officer.
- Hot compress TID X 7 days.
- Doxycycline 100 mg PO BID x 7 days.

### **Pinkeye**

- Visual confirmation by Medical Officer.
- Erythromycin ophthalmic ointment to affected eye TID x 7 days.

### **Earache/Ear Complaint**

- Medical Officer must do a visual inspection of ears and canals before giving meds or putting on doctor call. If purulent ear drainage is seen, and/or tender lymph node in neck along with complaints of pain, notify physician if doctor call is several days away. DO NOT irrigate ear when purulent ear drainage is present.
- If ear canal is full of cerumen upon visual inspection, use 70/30 mixture of water to isopropyl alcohol to irrigate ear canals. May use Cerumenex if unable to evacuate cerumen.
- If no ear wax and continued complaints of ear pain, place inmate on doctor call list.

**MEDICAL TREATMENT PROTOCOL  
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# INTEGUMENTARY

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## **Burns**, use burn kit

### **1<sup>st</sup> degree:**

- Run cold water over wound first, then apply burn gel.

### **2<sup>nd</sup> degree:**

- Run cold water over wound, apply Silvedene BID x 7 days and place on doctor call (Do not rupture blisters).

### **3<sup>rd</sup> degree:**

- Apply burn gel, cover with dressing and transport to ER. Notify Medical Supervisor.

**NOTE:** *Any circumferential burns on any extremity that impairs range of motion, notify Medical Supervisor.*

## **Lacerations and/or Puncture Wounds**

- Assess depth of wound and range of motion.
- If full thickness, gaping open, or profuse bleeding, apply pressure bandage until bleeding stops, then use butterfly bandage or steri-strip.
- If sutures are not required, cleanse with Hibiclens initially only, apply TAO and cover with bandaid. Recheck every day. Place on doctor call if significant injury.
- If last tetanus > 7 years ago, administer 0.5 ml tetanus toxoid IM for deep puncture wounds.

## **Superficial Wound, Impaired Skin Integrity**

- Clean with Hibiclens initially only.
- Dress wound with TAO and bandage if appropriate. Use butterfly bandage to close if wound is not deep.
- If scant drainage, do wet-to-dry dressing with 4 x 4 gauze and sterile Normal Saline. Use paper tape
- If copious drainage, use dry 4 x 4 gauze and tape

## **Old Open Wounds**

- Cleanse with Hibiclens initially only.
- Do wet-to-dry dressing with 4 x 4 gauze and sterile NS, and use paper tape.
- Place inmate on doctor call.

## **Thorns/Splinters**

- Remove after washing with Hibiclens and using splinter removal kit.
- If unable to remove, use ichthammol ointment BID x 7 days.
- If signs/symptoms of infection occur, place inmate on the next doctor call, or notify physician if next doctor call is several days away.

## **Dry Scalp/Dandruff**

- Inmate may purchase anti-dandruff shampoo from commissary.

## **MEDICAL TREATMENT PROTOCOL BASTROP COUNTY JAIL**

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### **Dry Skin or Flaky Skin**

- Inmate may purchase lotion or cream from commissary.
- Medical Officer to do patient education: Use more moisturizing soap, such as cocoa butter soap. Only use soap on high sweat areas, neck, underarms and groins. Use hands to rub off dead skin of feet during shower.

### **Dry Hair**

- Inmate may purchase hair gel and other ethnic hair products from commissary.

### **Razor Bumps/Burn**

- Inmate may purchase Magic Shave from commissary.
- If unable to tolerate magic shave, then may dispense ichthammol ointment.

### **Severe Acne (more than 30 lesions):**

- Doxycycline 100 mg BID x 30 days.
- If unresponsive, place inmate on doctor call.

### **Boil**

- Visual verification and documentation by Medical Officer .
- Ichthammol ointment BID x 10 days.
- Bactrim DS BID x 10 days if enlarging rapidly.
- If allergic to sulfa, start Clindamycin 300 mg TID x 10 days.
- Hot compress TID x 3 days.
- Notify MD if symptoms worsen or on weekends.
- Place inmate on next doctor call.

### **Ingrown Nail**

- Advise to cut nail straight across.
- Warm Epsom salt water soaks for 5 – 10 min. QD x 3 days.
- If signs/symptoms of infection are apparent (redness, edema, purulent discharge):
  - Keflex 500 mg TID x 10 days and place inmate on doctor call.
- After toenail removal, no weight bearing x 3 days, and continue warm Epsom salt water soaks for 5 – 10 min. QD x 3 days.

### **Corns**

- Family may bring in corn pads.

***NOTE: Diabetic inmates may not have corn pads***

### **Plantar Warts or warts on hands, arms or legs**

- Visual verification and documentation by Medical Officer before placing on doctor call.



**MEDICAL TREATMENT PROTOCOL  
BASTROP COUNTY JAIL**

**Fungus**

**lock itch**

- Inmate to purchase Tolnaftate cream from commissary to use BID x 14 days.
- If no improvement, inmate to purchase Athlete's foot cream from commissary and use BID x 14 days.

**Athlete's Foot**

- Inmate to purchase Tolnaftate cream from commissary to use BID x 14 days.
- If no improvement, inmate is to purchase Athlete's foot cream from commissary and use BID x 14 days.
- If continued problem, place inmate on doctor call.

**Ring Worm**

- Inmate to purchase Tolnaftate cream from commissary to use BID x 14 days.
- If not improved, inmate to purchase Athlete's foot cream from commissary and use BID x 14 days.

**Poison Oak/Ivy**

- Small area, give Benadryl (Anti-Itch) cream BID for up to 7 days.
- Larger area, start Atarax 25 mg TID and Calamine Lotion TID up to 7 days for larger area.
- If Severe: Place on doctor call.
- Take trusty off work assignments until seen on doctor call.

**Hives/Allergic Reaction with Urticaria and Erythema from Food or Medication**

- Benadryl 50 mg po at onset, then Atarax 25 mg TID x 5 days.
- Discontinue offending medication, or send diet notification to kitchen if allergic to food items.
- Place on doctor call if symptoms continues.

**Other Rashes (Do not put around eyes)**

- Hydrocortisone Cream BID to affected area for up to 14 days.
- If unresolved place inmate on doctor call.
- If scabies is suspected, place inmate on doctor call, do not give HC cream.

**Shingles**

- Place inmate on doctor call.
- May start Acyclovir 800 mg 5 x/day x 7 days if directed by physician.

**Scabies**

- Visual verification and documentation by Medical Officer before placing on doctor call.
- If directed by physician, immediate lockdown of the entire tank x 24 hours, until after treatment finished, and
- Treat all inmates housed in the same tank with Elimite cream. Apply cream from the neck down, be sure to apply between fingers and toes, underarms, and groin. Leave cream on overnight, wash off in the morning, and change out all clothes and linens.



**MEDICAL TREATMENT PROTOCOL  
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**Body/Head Lice**

- Visual verification and documentation by Medical Officer.
- Immediate lockdown of entire tank x 7 days. Lice-All Shampoo 60 cc initially. Repeat Lice-All Shampoo 30 cc in 7 days. Treat all the inmates housed in the same tank.
- Change clothes and linens after initial treatment.

**Human Bites**

- Clean wounds with Hibiclens and place inmate on doctor call. If wound appears infected, start Augmentin 875 one po BID x 10 days.
- If allergic to PCN, then start Bactrim DS one BID x 10 days.
- Consider tetanus status.

**MEDICAL TREATMENT PROTOCOL  
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# MUSCULOSKELETAL

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**If mechanism of injury is acute trauma to head, neck, or back while housed in this facility, consider spinal injury and call EMS for spinal immobilization if needed. Notify Medical Supervisor.  
DO NOT MOVE INMATE!**

## **Back Pain/Muscle Strain/Spasm:**

- Muscle rub BID PRN x 14 days – purchase from commissary.
- Motrin 600 mg BID x 14 days
- If symptoms persist, increase Motrin to 800 mg BID x 14 days. May continue x stay if effective.
- For continued problems, place on doctor call.

## **Fractures**

**Obvious fracture (deformity, unable to move, no distal pulse):**

- Immobilize, apply ice, give Motrin 800 mg and call Medical Supervisor.

### **Compound Fracture**

- Wrap in sterile dressing and send to ER via EMS and contact Medical Supervisor.

**If unclear whether there is a fracture:**

- Apply ice, Motrin 600 mg BID and place inmate on next doctor call.

## **Bursitis/Arthritis:**

- Motrin 600 mg BID x 14 days.
- May increase to 800 mg BID x 14 more days if 600 mg not effective
- For continued complaints, refer to physician.

**MEDICAL TREATMENT PROTOCOL  
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# NEUROLOGICAL

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## **Head Injury, Unresponsiveness, or Unconsciousness**

- Always assess vital signs, pupillary reaction to light, mental status changes.
- Place the inmate on oxygen via facemask at 10-15 L
- ANY INMATE WITH DIAGNOSIS OF COPD OR EMPHYSEMA: DO NOT GIVE OXYGEN!
- Transport to ER via EMS if needed and notify Medical Supervisor.

## **Possible Spinal Injury**

**DO NOT MOVE – CALL EMS!**

- Notify Medical Supervisor

## **Altered Mentation from Trauma**

- Administer ammonia inhalant for syncope (fainting). If not fully alert and oriented, notify Medical Supervisor

## **Altered Mentation/Confusion from Unknown Source**

- Check blood sugar and vital signs, notify Medical Supervisor.
- Assess and transfer to ER if necessary and Notify Medical Supervisor.

## **Frequent Headaches/Previous History of Tension or Migraine Headaches**

- Monitor blood pressure x 3 days. If BP > 150/90, place on doctor call.
- Check elevated blood pressure protocol.
- Excedrin Migraine 1 BID x 3 days – purchase from commissary.
- If no relief, place on doctor call.
- If occasional HA, use Tylenol 325 mg 2 BID prn x 30 days, or purchase Ibuprofen from commissary to take prn.
- Or may start Motrin 400 mg BID prn x 30 days if no funds

## **Seizures**

- If inmate is observed having a seizure, move inmate to the floor and move nearby furniture out of the way. Do not place anything in mouth, and note the duration of seizure. Turn the inmate to his/her side to prevent aspiration during seizure. May put hands on head and body to lightly restrain inmate.
- Instruct inmate to increase water intake after seizure episode.
- Draw seizure medication level and LFTs after seizure activity.
- Notify Medical Supervisor if inmate continues to have seizures for > 20 minutes. May consider transport to ER.
- If inmate reports history of seizures, place on doctor call and document details of seizure.
- Give lower bunk for inmates on seizure meds.

**MEDICAL TREATMENT PROTOCOL  
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# PREGNANT FEMALES

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**Suspected Pregnancy:**

- Urine pregnancy test after missing menses X 1 week
- If positive, do not inform of result and place on doctor call
- If inmate has lots of complaints and not sure of LMP, do urine pregnancy test first to rule out pregnancy before giving Motrin.
- d/c Motrin if on Motrin
- Lower bunk, prenatal vitamin and extra milk will be ordered by physician at doctor call.

**Established Pregnancy:**

- Established Pregnancy or Inmate claiming to be pregnant for several months – must do urine pregnancy test
- Prenatal vitamins QD.
- Milk with EVERY meal.
- Extra food only if order by OB.
- Headaches – Tylenol 650 mg TID – PRN – No Motrin, Naprosyn, or Aspirin.
- Backaches – Tylenol 650 mg TID – PRN – No Motrin, Naprosyn, or Aspirin.
- Sinus/Cold complaints – Chlortrimeton 4 mg TID X 5 days –purchase from commissary.
- Stomach Upset/Indigestion –Tums 2 tabs TID prn. Change to Pepcid 20 mg BID x stay if symptoms persist after taking Tums –purchase Tums from commissary.
- Constipation – Stool Softener 100 mg 2 QD – purchase from commissary.
- Nausea/Vomiting – Phenergan 25 mg PO TID prn x 3 days. If continued symptoms, notify supervisor.
- Vaginal Yeast Infection—obtain symptoms regarding itching, color/odor of discharge and refer to physician.
- **Lower bunk.**
- Do not place pregnant inmates with unruly inmates.

**MEDICAL TREATMENT PROTOCOL  
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# RESPIRATORY

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## **Shortness of Breath**

**\*Inmate with respirations < 10 per minute, pulse < 50, not responding to ammonia inhalant, call EMS and notify Medical Supervisor.**

1) Assess lung sounds.

- If signs/symptoms of hypoxia (oxygen deficiency) and pulse ox < 90%, cap refill > 2 seconds, cyanotic (turning blue) or any signs/symptoms of respiratory distress, (respiratory rate >30 breaths/min, use of accessory muscles for breathing, lethargy, audible wheezing on inspiration & expiration of breath), call EMS and notify Medical Supervisor.
- If wheezing, give unit dose Albuterol by nebulizer and repeat every 8 hours PRN and place on doctor call.
- If no wheezing, but pulse ox < 95%, give Albuterol neb and place inmate on doctor call. Give Albuterol neb PRN on weekends until seen by doctor.

***NOTE: Inmate may need to have oxygen administered. Consider severity and need for EMS transport.***

## **Asthma:**

- Inmates may have steroid inhaler KOP, but Albuterol HFA inhalers KOP is only per physician order.

***NOTE: If inmate is using more than one bottle of Albuterol HFA inhaler in one month, place on doctor call.***

## **Tuberculosis:**

- If inmate reports history of +PPD, do not repeat PPD, and do CXR only.
- If PPD < 10 mm in first time offenders, consider it as Negative reaction.
- If PPD > 10 mm – get CXR and detailed HX of TB exposure, and place on list for CXR.
- All inmates with newly +PPD and/or history of +PPD must have TB Symptom Screening form filled out and get more details on any positive answers.
- If inmate answers yes to the majority of the questions on the TB screening form, inmate must be quarantined in medical pending CXR and place on doctor call.
- Only need one CXR per year for +PPD
- **For HIV + inmates, do PPD as well as CXR every year.**
- If I/M refuses PPD and/or CXR, place them in negative pressure room x 14 up to 30 days per physician discretion, continually offering a PPD plant (with no + Hx) or CXR until released from negative pressure room by physician. If no s/sx of active TB, the physician MAY release inmate from the negative pressure room and move to population.

## **Sinus Congestion with no Fever/Hayfever/Allergies**

- Chlortrimeton 4 mg TID x 5 days – may purchase from commissary, may continue x stay if medication is effective.

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## **MEDICAL TREATMENT PROTOCOL BASTROP COUNTY JAIL**

### **Sinus Congestion with sore throat and no fever:**

- Chlortrimeton 4 mg TID x 5 days – purchase from commissary, may continue x stay if medication is effective.
- If signs/symptoms persist, do Strep screen. If positive, follow protocols for sore throat with fever. If negative, place chart for doctor review.

### **Sinus Congestion with cough**

#### **Assess color of mucus after 3 days**

- Chlortrimeton 4 mg TID x 5 days – purchase from commissary.
- If purulent sputum, start Amoxil 1000 mg BID x 7 days. Use Bactrim DS BID if allergic to PCN.

### **Sinus Drainage**

#### **Assess color of mucus after 3 days**

- If clear and chronic complaint- Chlortrimeton 4 mg TID prn – purchase from commissary.
- If purulent drainage, start Amoxil 1000 mg BID x 7 days. Use Bactrim DS BID if allergic to PCN.

### **Cold with temperature < 100/Flu symptoms**

- Chlortrimeton 4 mg TID x 5 days – purchase from commissary.
- If signs/symptoms worsen or persists for 7 days, place on doctor call.

### **Sore Throat without Fever**

- Chlortrimeton 4 mg TID x 5 days – purchase from commissary.

### **Sore Throat with Fever**

- Rapid Strep test.
- If positive, Amoxicillin 1000 mg BID x 7 days.
- If inmate allergic to PCN, start Keflex 500 mg TID x 7 days.
- If not better after protocol completed, place inmate on doctor call.

### **Fever**

#### **Check for sore throat or cough. If present, treat symptomatically according to protocol.**

- If fever >101, Tylenol 650 mg TID x 1 day, checking temperature prior to giving Tylenol.
- If fever >101 with inmate being on Tylenol x 24 hours, change to Motrin 600 mg TID and place on doctor call.
- If fever > 102 for 2 days despite Tylenol and Motrin, notify Medical Supervisor.
- Increase fluid intake

### **Epistaxis (nose bleeds)**

- Have the inmate pinch upper part of nostrils with 4 x 4 gauze.
- Instruct inmate not to breathe through nose or blow nose, and to put pressure across upper lip.
- A cold cloth applied over the nose and on back of neck may be beneficial.
- If nosebleed is severe and not stopped after 15 minutes of continuous pressure, apply nasal plugs. If bleeding continues, notify Medical Supervisor.



**MEDICAL TREATMENT PROTOCOL  
BASTROP COUNTY JAIL**

# URINARY/REPRODUCTIVE

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## **Dysuria, Polyuria, Anuria, or Hematuria**

**Always collect midstream/clean-catch urine specimen for UA. If positive for Leukocyte Esterase, blood and/or Nitrite, then:**

- Bactrim DS BID x 3 days. If allergic to Sulfa, Cipro 250 mg BID x 3 days. Refer pregnant females to physician.
- If symptoms worsen and/or recurrent urinary symptoms, place inmate on doctor call.
- Gross hematuria, same protocol
- If Anuria – notify Medical Supervisor with vital signs.
- If urine is dirty and inmate has fever and flank pain, get C&S first, push fluid, Rocephin 500 mg IM and start Cipro 500mg BID x 10 days, and place inmate on doctor call.

## **Yeast Infection**

**White or yellowish discharge with itching**

- Caprylic acid 600 mg PO QD x 7 days.

## **Other vaginal discharge**

- Obtain information regarding color, odor, and itching and refer to physician.

## **Possible Sexually Transmitted Disease**

- For males, if complain of urethral discharge, place on doctor call. For females, if complain of more prominent discharge than yeast infection (i.e., color, odor) place on doctor call.
- If GC positive, Rocephin 250 mg IM and Azithromycin 500 mg 2 PO one time dose. Contact the local health department in Bastrop.
- If Chlamydia positive, Azithromycin 500 mg 2 PO one time dose. Contact the local health department in Bastrop.

## **Genital Warts**

- Place on doctor call to verify visually.
- TCA to lesions, wash off after 6 hours. Recheck in 2 weeks and repeat TCA if lesions are smaller. May repeat Q 2 weeks until warts resolved.
- If lesions not smaller after TCA – change to Podophylin, wash off after 6 hours. May repeat Q 2 weeks until warts resolved.

## **Herpes: Genital or Oral**

- Visual verification and documentation by Medical Officer.
- Acyclovir 400 mg TID x 5 days for recurrent episodes.

## **Menstrual Cramps**

- Motrin 600 mg TID prn x 5 days.



**MEDICAL TREATMENT PROTOCOL  
BASTROP COUNTY JAIL**

**Bastrop County Medical Department General Protocols**

If inmates report taking chronic medications prior to incarceration at the Bastrop County Jail, but did not bring in any medication, ROI must be signed and medications verified with the prescribing doctor's office and/or with the pharmacy during housing. Then medications will be continued, with the exception of narcotics/controlled substances, which require approval from the physician. If inmates have been obviously non-compliant with their medication(s) before incarceration, their medication(s) will not be continued without physician's approval.

Inmates on Coumadin, Digoxin, oral antibiotic, HTN, diabetic, asthma, psychiatric, and seizure medications need to be continued without interruption prior to the next doctor call after verification. Diabetic inmates on insulin at home will have Accucheck QID AC/HS and cover with sliding scale for at least 3 days before placing on doctor call. Do not start long-acting insulin from home. Notify physician if inmate on very large dose of long-acting insulin or if FBS/RBS still high on sliding scale, and doctor call is several days away.

If inmate is unable to stand and walk unassisted into the jail proper, he/she needs to be taken by arresting officer to ER for medical clearance before being accepted into jail.

If inmate is refused by medical department for medical reasons, the SV1/SV2/Medical Refusal form will be filled out and scanned into the chart, as well as documentation placed on the chart and pass-along book.

If inmate appears intoxicated or confused, and/or has a sweet ketone smell after being housed, do Acucheck. If one medication is discontinued and another medication of the same class is ordered in its place, but the new medication will not be available for a few days, do not discontinue the old medication until the new medication has arrived. Example: stopping Verapamil and starting Lisinopril. All medications ordered by ER and specialist consultant physicians need to be reviewed by physician before starting.

No sleep aid or anxiety meds will be started until inmates have been here for 1 month, and no dosage adjustment for sleep meds will be made for 1 month. Do not refer to physician for such requests during this time period. Inmates who have been on narcotic or other illegal drugs need a wash-out period of at least 4-6 weeks before starting any sleep meds or anxiety meds or initiating any MHMR referral.

If an inmate is routinely a "No-Show" on certain medication passes, but takes the medication on other medication passes, document in chart and refer to physician for further orders.

If an inmate is caught hoarding medication(s), document all findings in chart and refer to physician. DO NOT discontinue meds or remove meds from cart without specific orders from physician.

If inmates are already seeing psych, and needs medication adjustment, including sleep meds, refer to psych.

For all personal medications that come with inmates to jail, whether in Rx bottles or in bubble packs transferred from another facility, Medications must be counted and documented in the EMR. If there are medications left over from inmate's original Rx bottle, the Rx bottle will be returned to the inmates to take with them when they leave this jail. "Return of Personal Meds upon Release" forms must be filled out and inmates must sign to acknowledge that they received their leftover personal meds back.

## **MEDICAL TREATMENT PROTOCOL BASTROP COUNTY JAIL**

Notify the Medical Supervisor of any medical emergencies. You may be asked to call the physician for further instructions. In which case, have the chart ready with full set of vitals. You will be instructed on which hospital to send the inmate and by what means, i.e. via transport or ambulance.

BCSO does not offer routine hearing or eye exams. If inmate has eyeglasses or contacts, the inmate may have family bring or mail them. Inmates with contacts must purchase contact solution and case from commissary. Inmates are allowed one pair of glasses at any one time. Inmates may not keep glasses and contacts at the same time. Family may send in contacts case and more contact lenses.

BCSO does have a contract dentist that only comes once a month. Only temporary fillings and extractions are offered. Inmates may request to see dentist for evaluation on a first come, first served basis.

If an inmate wishes to get an eye exam, the inmate may pay for his/her own eye care. Inmate's family must pay for the visit in advance, or the inmate must sign a release for BCSO to pay the bill out of his/her personal commissary account (this requires an estimated cost from the physician). Inmate will be transported for eye evaluation. Appointments will be set at our convenience, and family members will not be notified of the appointment time/location for safety reasons.

If it becomes necessary to inspect an inmate's genitalia, a nurse will examine inmate with Correctional Officer of the same-sex as inmate present.

DNA, serum ETOH (alcohol), and serum drug testing are only done with court order if our nurses were required to gather evidence. CID will bring all the supplies, and "DNA Supplemental Form" must be filled out with the CID officer present during the entire evidence-gathering process. Form must be signed by CID officer and accompany the DNA evidence, copies of the supplemental form and court order will be placed in chart. Other entities may also come to jail to gather DNA material for testing. These entities will bring all the supplies, and they will gather the evidence.

For inmates who report chronic Alcohol, narcotic, stimulant, Xanax, Klonopin, Valium or other benzodiazepine usage by prescription (legally) or off the street (illegally), it is necessary to determine exactly how much and how long the inmate has been taking said substance, then refer to the withdrawal protocol. Abrupt cessation of chronic benzodiazepine use can precipitate seizure activity, which can lead to death.

### **Laboratory Additions:**

When drawing a CD4/CD8, this specimen is put into a Lavender top tube and treated just as a CBC. This DOES NOT need its own tube if CBC is also ordered.

When drawing HIV viral load (test #4141), this specimen will go into a Lavender top tube by itself and label it properly. The STAT courier should be called before the actual draw and immediately put into the CPL box for pickup. NO centrifuge needed, NO ice needed. CPL will do the processing. CPL 512-879-1600

All tiger top/red top specimens must be centrifuged for 15 minutes.

USMS psych labs need the ICD-10 code of Z79.899. And all USMS labs require ICD-10 codes.